



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
1320 CREEK TRAIL DRIVE, P.O. BOX 893
JEFFERSON CITY, MO 65102-0893
PHONE: (800) 877-8499 FAX: (573) 751-7408
WEB ADDRESS: www.modot.org/mcs

APPLICATION FOR BLANKET PERMIT

For official use only District Number _____ Permit number _____ initials _____

General Information				Required information for Revision \$2.00 Charge	
USDOT #	Contact Person			Original Permit # _____	
Customer Account Number	Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express *			Original License # _____	
Legal Name of Applicant					
DBA Name		Federal Identification Number		Social Security Number	
Customer Type (check one) <input type="checkbox"/> Sole Proprietorship – you must provide a Federal ID number or SSN above <input type="checkbox"/> Partnership - you must provide a Federal ID number above <input type="checkbox"/> Limited Partnership - you must provide a Federal ID number above <input type="checkbox"/> Corporation - What state? _____ you must provide a Federal ID number above <input type="checkbox"/> Limited Liability Corporation - What state? _____ you must provide a Federal ID number above <input type="checkbox"/> Limited Liability Partnership - you must provide a Federal ID number above			Date Organized/Incorporated		Missouri Registration Number
Physical Address		City		State	Zip Code
Mailing Address		City		State	Zip Code
E-mail address		Telephone Number		Fax Number	
Send permit how?	Fax number	E-mail	Mail	Start Date	
Permit Fees – Prorate by Quarter					
	Up to 12'4" wide Legal Weight	Multiple Commodity Legal Weight	100 Mile Radius Legal Weight	Emergency Response	Water Well Drill Rig Concrete Pump
January-December	\$128.00	\$400.00	\$128.00	\$624.00	\$300.00
April-December	\$ 96.00	\$300.00	\$ 96.00	\$468.00	\$225.00
July-December	\$ 64.00	\$200.00	\$ 64.00	\$312.00	\$150.00
October-December	\$ 32.00	\$100.00	\$ 32.00	\$156.00	\$ 75.00
Power Unit Information					
<input type="checkbox"/> Toter <input type="checkbox"/> Truck <input type="checkbox"/> Truck-Tractor	License Number	State	VIN	Year	Make
Blanket permits are only available for 12'4" wide or less. Other restrictions may apply. See section (7) of the Overdimension and Overweight Permit Regulations Book.					
Check appropriate box for each type of blanket permit you are requesting:					
<input type="checkbox"/>	12'4" Mobile Home	<input type="checkbox"/>	Pipes/Poles/Beams	<input type="checkbox"/>	Implement of Husbandry
<input type="checkbox"/>	Construction Equipment	<input type="checkbox"/>	Hay	<input type="checkbox"/>	100 Mile Radius – for Farmers and Farm Implement Dealers – up to 14'6" wide
<input type="checkbox"/>	Farm Implement	<input type="checkbox"/>	Well Drill Rig (overdimension Only)	<input type="checkbox"/>	Multiple Commodity
<input type="checkbox"/>	Missouri National Guard	<input type="checkbox"/>	Poles (Utility Co./Coops, etc)		
<input type="checkbox"/>	Like Object (i.e. boat, trusses, portable building) Description:				
<input type="checkbox"/>	LCV – Longer Combination Vehicle(only available to move within 20 miles of western border) Route:				

APPLICATION FOR BLANKET PERMIT CONTINUED

Overweight – List individual axle weights and spacings for the following:

Emergency Response

Hauled	Description	Year	Make	Serial Number
Under Own Power	Description	Year	Make	Serial Number
	Boom Dolly	Year	Make	VIN

INDIVIDUAL AXLE WEIGHTS

1	2	3	4	5	6	7	8	9	Total Weight
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Axle Space – distance center to center between axles

1&2 feet	inch	2&3 feet	inch	3&4 feet	inch	4&5 feet	inch	5&6 feet	inch	6&7 feet	inch	7&8 feet	inch	8&9 feet	inch	Total Axle Spacings
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☐ Water Well Drill Rig ☐ Concrete Pump

Description	Year	Make	Serial Number
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INDIVIDUAL AXLE WEIGHTS

1	2	3	4	5	6	Total Weight
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Axle Space – distance center to center between axles

1&2 feet	inch	2&3 feet	inch	3&4 feet	inch	4&5 feet	inch	5&6 feet	inch	Total Axle Spacings
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Certification

I DECLARE UNDER THE PENALTY OF PERJURY under the laws of the State of Missouri and the United States of America that the foregoing information in the application is true and correct, that I am authorized to sign this application on behalf of applicant and that the signature below is my own true and correct signature made by me and no other person.

Name (printed)	Date
Signature	Title

*** Please do not provide your credit card number – you will be contacted.**